

**FEC
FORM 3X****REPORT OF RECEIPTS
AND DISBURSEMENTS**
For Other Than An Authorized Committee

Office Use Only

1. NAME OF
COMMITTEE (in full)**USE FEC MAILING LABEL
OR TYPE OR PRINT**Example: If typing, type
over the lines

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

ADDRESS (number and street)

655 Beach Street

☐Check if different
than previously
reported. (ACC)

San Francisco

CA

94109

2. **FEC IDENTIFICATION NUMBER**

CITY

STATE

ZIP CODE

C00196246

3. IS THIS
REPORT☒NEW
(N)

OR

☐AMENDED
(A)4. **TYPE OF REPORT**

(Choose One)

(a) Quarterly Reports:

☐April 15
Quarterly Report(Q1)☐July 15
Quarterly Report(Q2)☐October 15
Quarterly Report(Q3)☐January 31
Quarterly Report(YE)☐July 31 Mid-Year
Report(Non-election
Year Only) (MY)☐Termination Report
(TER)(b) Monthly
Report
Due On:☐ Feb 20 (M2)☐ May 20 (M5)☐ Aug 20 (M8)☐ Nov 20 (M11)
(Non-Election
Year Only)☐ Mar 20 (M3)☐ Jun 20 (M6)☐ Sep 20 (M9)☐ Dec 20 (M12)
(Non-Election
Year Only)☒ Apr 20 (M4)☐ Jul 20 (M7)☐ Oct 20 (M10)☐ Jan 31 (YE)(c) 12-Day
PRE-Election
Report for the:☐ Primary (12P)☐ General (12G)☐ Runoff (12R)☐ Convention (12C)☐ Special (12G)

Election on

in the
State of(d) 30-Day
Post -Election
Report for the:☐ General (30G)☐ Runoff (30R)☐ Special (30S)

Election on

in the
State of

5. Covering Period

03

01

2009

through

03

31

2009

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer

Benjamin Bank

Signature of Treasurer

Electronically Filed by Benjamin Bank

Date

04

08

2009

NOTE : Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C 437g.

Office
Use
Only**FEC FORM 3X**
(Rev. 12/2004)

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

Report Covering the Period:

From:

M	M	D	D	Y	Y	Y	Y
0	3	0	1	2	0	0	9

To:

M	M	D	D	Y	Y	Y	Y
0	3	3	1	2	0	0	9

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1 2009		681385.49
(b) Cash on Hand at Beginning of Reporting Period	631031.97	
(c) Total Receipts (from Line 19)	18650.31	58541.31
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	649682.28	739926.80
7. Total Disbursements (from Line 31)	96262.62	186507.14
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	553419.66	553419.66
9. Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations owed BY the committee (Itemize all on Schedule C and/or Schedule D)	0.00	

☒ This Committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission
999 E street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE OF RECEIPTS

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

Report Covering the Period:

From:

M	M	D	D	Y	Y	Y	Y
0	3	0	1	2	0	0	9

To:

M	M	D	D	Y	Y	Y	Y
0	3	3	1	2	0	0	9

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees	16402.91	24831.23
(i) Itemized (use Schedule A)	1245.42	28953.08
(ii) Unitemized	17648.33	53784.31
(iii) TOTAL (add Lines 11(a)(i) and (ii) ➤	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5) ➤	17648.33	53784.31
12. Transfers From Affiliated/Other Party Committees	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5)	0.00	0.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.)	1001.98	4757.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3)	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))	18650.31	58541.31
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	18650.31	58541.31

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)	0.00	0.00
(i) Federal Share.....		
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures.....	762.62	3738.14
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b)).....	762.62	3738.14
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	95500.00	123500.00
24. Independent Expenditure (use Schedule E)	0.00	58704.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	565.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))	0.00	565.00
29. Other Disbursements.....	0.00	0.00
30. Federal Election Activity (2 U.S.C 431(20))		
(a) Shared Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	96262.62	186507.14
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	96262.62	186507.14

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3)	17648.33	53784.31
34. Total Contribution Refunds (from Line 28(d))	0.00	565.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	17648.33	53219.31
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	762.62	3738.14
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	762.62	3738.14

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 6 / 29

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

A.

Full Name (Last, First, Middle Initial)

Richard Abbott

Mailing Address 54 TOPSIDE WAY

City

MILL VALLEY

State

CA

Zip Code

94941

FEC ID number of contributing
federal political committee.

C

Name of Employer
self

Occupation

Ophthalmologist

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 3 / 3 1 / 2 0 0 9

Transaction ID: 1F6CA3D1-0348-4A47-

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)

Belu Allam

Mailing Address Suite 6C
800 Peakwood Drive

City

Houston

State

TX

Zip Code

77090-2903

FEC ID number of contributing
federal political committee.

C

Name of Employer
self

Occupation

Ophthalmologist

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

273.75

Date of Receipt

M M / D D / Y Y Y Y Y
0 3 / 2 3 / 2 0 0 9

Transaction ID: 4692a85eec2fb12993e8

Amount of Each Receipt this Period

91.25

PACWEB RECURRING CC PAYME-
NT APPROVED AND SETTLED

C.

Full Name (Last, First, Middle Initial)

Priscilla Arnold

Mailing Address 140 Highway 201 N

City

Mountain Home

State

AR

Zip Code

72653-3158

FEC ID number of contributing
federal political committee.

C

Name of Employer
self

Occupation

Ophthalmologist

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 3 / 1 3 / 2 0 0 9

Transaction ID: 0751751

Amount of Each Receipt this Period

365.00

Batch Tool - PAC

SUBTOTAL of Receipts This Page (optional)

956.25

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

A.

Full Name (Last, First, Middle Initial)

Steven Bagan

Mailing Address 4344 20th Avenue Southwest

City

Fargo

State

ND

Zip Code

58103-7436

FEC ID number of contributing
federal political committee.

C

Name of Employer
self

Occupation

Ophthalmologist

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 3 / 0 3 / 2 0 0 9

Transaction ID: 3AL3O6187468

Amount of Each Receipt this Period

500.00

Batch Tool - PAC

B.

Full Name (Last, First, Middle Initial)

Janet Betchkal

Mailing Address 6335 Christopher Creek Rd., West

City

Jacksonville

State

FL

Zip Code

32217

FEC ID number of contributing
federal political committee.

C

Name of Employer
self

Occupation

Ophthalmologist

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 3 / 2 7 / 2 0 0 9

Transaction ID: F56C8645-980F-4370-

Amount of Each Receipt this Period

500.00

C.

Full Name (Last, First, Middle Initial)

Michael Brennan

Mailing Address 1016 Kirkpatrick Road

City

Burlington

State

NC

Zip Code

27215-9714

FEC ID number of contributing
federal political committee.

C

Name of Employer
self

Occupation

Ophthalmologist

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

3000.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 3 / 1 8 / 2 0 0 9

Transaction ID: 41b2835f5ea48c1fc821

Amount of Each Receipt this Period

1000.00

PACWEB RECURRING CC PAYME-
NT APPROVED AND SETTLED

SUBTOTAL of Receipts This Page (optional)

2000.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 8 / 29

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

A.

Full Name (Last, First, Middle Initial)

Donald Cinotti

Mailing Address 600 Pavonia Avenue
6th Floor

City State Zip Code
Jersey City NJ 07306-2932

FEC ID number of contributing
federal political committee.

C

Name of Employer
self

Occupation
Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
0 3 / 1 8 / 2 0 0 9

Transaction ID: 40228fb281279e50af6b

Amount of Each Receipt this Period

100.00

PACWEB RECURRING CC PAYME-
NT APPROVED AND SETTLED

B.

Full Name (Last, First, Middle Initial)

William Clifford

Mailing Address 102 Drury Lane

City State Zip Code
Garden City KS 67846

FEC ID number of contributing
federal political committee.

C

Name of Employer
self

Occupation
Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y
0 3 / 0 6 / 2 0 0 9

Transaction ID: EA3459CD-9D3C-45F5-

Amount of Each Receipt this Period

365.00

C.

Full Name (Last, First, Middle Initial)

Linda Day

Mailing Address 6309 Evanston Avenue N

City State Zip Code
Seattle WA 98103-5642

FEC ID number of contributing
federal political committee.

C

Name of Employer
self

Occupation
Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 3 / 0 3 / 2 0 0 9

Transaction ID: 3AL306778568

Amount of Each Receipt this Period

250.00

Batch Tool - PAC

SUBTOTAL of Receipts This Page (optional)

715.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

A.

Full Name (Last, First, Middle Initial)

David Demartini

Mailing Address Suite 222

122 La Casa Viaduct

City

Walnut Creek

State

CA

Zip Code

94598-3014

FEC ID number of contributing
federal political committee.

C

Name of Employer
self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 3 / 0 3 / 2 0 0 9

Transaction ID: 3AL3O6884236

Amount of Each Receipt this Period

365.00

Batch Tool - PAC

B.

Full Name (Last, First, Middle Initial)

David Dodwell

Mailing Address 1230 Centre West Drive

City

Springfield

State

IL

Zip Code

62704-2173

FEC ID number of contributing
federal political committee.

C

Name of Employer
self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 3 / 3 1 / 2 0 0 9

Transaction ID: 494aa0108e33987f8ffd

Amount of Each Receipt this Period

100.00

PACWEB RECURRING CC PAYME-
NT APPROVED AND SETTLED

C.

Full Name (Last, First, Middle Initial)

David Durfee

Mailing Address 616 SE Manchester Place

City

Portland

State

OR

Zip Code

97202

FEC ID number of contributing
federal political committee.

C

Name of Employer
self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 3 / 0 4 / 2 0 0 9

Transaction ID: 5A4DCFEE-B747-44A3-

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

965.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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FOR LINE NUMBER: PAGE 10 / 29

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

A.

Full Name (Last, First, Middle Initial)

Shehab Ebrahim

Mailing Address 4717 Woodland Avenue

City

Metairie

State

LA

Zip Code

70002-1361

FEC ID number of contributing
federal political committee.

C

Name of Employer
self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
0 3 / 3 0 / 2 0 0 9

Transaction ID: 48728b78bd074b203233

Amount of Each Receipt this Period

100.00

PACWEB RECURRING CC PAYME-
NT APPROVED AND SETTLED

B.

Full Name (Last, First, Middle Initial)

David Glasser

Mailing Address Suite 101
6350 Stevens Forest Road

City

Columbia

State

MD

Zip Code

21046-3240

FEC ID number of contributing
federal political committee.

C

Name of Employer
self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 3 / 0 9 / 2 0 0 9

Transaction ID: AFPO91634326

Amount of Each Receipt this Period

500.00

Batch Tool - PAC

C.

Full Name (Last, First, Middle Initial)

Robert Jay Granadier

Mailing Address 911 Charrington

City

Bloomfield Hills

State

MI

Zip Code

48301

FEC ID number of contributing
federal political committee.

C

Name of Employer
self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 3 / 2 7 / 2 0 0 9

Transaction ID: 1BC1678C-9CF6-40F8-

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

1100.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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FOR LINE NUMBER: PAGE 11 / 29

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

A.

Full Name (Last, First, Middle Initial)

Kurt Frederick Heitman

Mailing Address 104 Simpson St

City

Greenville

State

SC

Zip Code

29605

FEC ID number of contributing
federal political committee.

C

Name of Employer
self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 3 / 0 5 / 2 0 0 9

Transaction ID: F83ED952-83B5-489C-

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)

Bonnie A. Henderson

Mailing Address 102 Pegan Lane

City

Dover

State

MA

Zip Code

02030

FEC ID number of contributing
federal political committee.

C

Name of Employer
self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 3 / 1 6 / 2 0 0 9

Transaction ID: A16C430B-F762-4B38-

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Mark Hughes

Mailing Address Suite 600
50 Staniford Street

City

Boston

State

MA

Zip Code

02114-2539

FEC ID number of contributing
federal political committee.

C

Name of Employer
self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1249.98

Date of Receipt

M M / D D / Y Y Y Y Y
0 3 / 1 1 / 2 0 0 9

Transaction ID: 488085446c893a9d9875

Amount of Each Receipt this Period

416.66

PACWEB RECURRING CC PAYME-
NT APPROVED AND SETTLED

SUBTOTAL of Receipts This Page (optional)

1166.66

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 12 / 29

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

A.

Full Name (Last, First, Middle Initial)

James Jochum

Mailing Address 787 Healthcare Drive

City

Orange City

State

FL

Zip Code

32763-8325

FEC ID number of contributing
federal political committee.

C

Name of Employer
self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

370.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 3 / 0 3 / 2 0 0 9

Transaction ID: AZFWCB047335

Amount of Each Receipt this Period

370.00

Batch Tool - PAC

B.

Full Name (Last, First, Middle Initial)

Randolph Johnston

Mailing Address 1300 E 20th Street

City

Cheyenne

State

WY

Zip Code

82001-4021

FEC ID number of contributing
federal political committee.

C

Name of Employer
self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 3 / 2 0 / 2 0 0 9

Transaction ID: E92FD9431984

Amount of Each Receipt this Period

1000.00

Batch Tool - PAC

C.

Full Name (Last, First, Middle Initial)

Kenneth Karlin

Mailing Address 10101 harewood ct.

City

great falls

State

VA

Zip Code

22066

FEC ID number of contributing
federal political committee.

C

Name of Employer
self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 3 / 2 5 / 2 0 0 9

Transaction ID: BD01A432-CCB9-4A8A-

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

1870.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 13 / 29

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

A.

Full Name (Last, First, Middle Initial)

Lisa Lane

Mailing Address 5790 N Camino De La Sombra

City

Tucson

State

AZ

Zip Code

85718-3919

FEC ID number of contributing
federal political committee.

C

Name of Employer
self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 3 / 0 9 / 2 0 0 9

Transaction ID: 47f280014f3d7caaae78

Amount of Each Receipt this Period

100.00

PACWEB RECURRING CC PAYME-
NT APPROVED AND SETTLED

B.

Full Name (Last, First, Middle Initial)

Jason Levine

Mailing Address 5790 N Camino De La Sombra

City

Tucson

State

AZ

Zip Code

85718-3919

FEC ID number of contributing
federal political committee.

C

Name of Employer
self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 3 / 0 4 / 2 0 0 9

Transaction ID: 443986eae9b7e25657ae

Amount of Each Receipt this Period

100.00

PACWEB RECURRING CC PAYME-
NT APPROVED AND SETTLED

C.

Full Name (Last, First, Middle Initial)

David Lewis

Mailing Address Suite G1-3
990 S Medical Drive

City

Brigham City

State

UT

Zip Code

84302-4713

FEC ID number of contributing
federal political committee.

C

Name of Employer
self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 3 / 0 3 / 2 0 0 9

Transaction ID: 3AL306731518

Amount of Each Receipt this Period

365.00

Batch Tool - PAC

SUBTOTAL of Receipts This Page (optional)

565.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 14 / 29

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

A.

Full Name (Last, First, Middle Initial)

Richard Lindstrom

Mailing Address Suite 200

9801 Dupont Avenue S

City

Bloomington

State

MN

Zip Code

55431-3200

FEC ID number of contributing
federal political committee.

C

Name of Employer
self

Occupation

Ophthalmologist

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 3 / 2 0 / 2 0 0 9

Transaction ID: E92FD9792192

Amount of Each Receipt this Period

500.00

Batch Tool - PAC

B.

Full Name (Last, First, Middle Initial)

Nick Mamalis

Mailing Address 2246 Willow Hills Dr

City

Sandy

State

UT

Zip Code

84093

FEC ID number of contributing
federal political committee.

C

Name of Employer
self

Occupation

Ophthalmologist

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 3 / 0 6 / 2 0 0 9

Transaction ID: 15209155-1A54-4BD2-

Amount of Each Receipt this Period

500.00

C.

Full Name (Last, First, Middle Initial)

Thomas Moore

Mailing Address 214 E Monterey Way Suite 1

City

Phoenix

State

AZ

Zip Code

85012-2620

FEC ID number of contributing
federal political committee.

C

Name of Employer
self

Occupation

Ophthalmologist

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y
0 3 / 2 4 / 2 0 0 9

Transaction ID: 1RVUT2696748

Amount of Each Receipt this Period

365.00

Batch Tool - PAC

SUBTOTAL of Receipts This Page (optional)

1365.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 15 / 29

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

A.

Full Name (Last, First, Middle Initial)

Sara O'Connell

Mailing Address 7504 Antioch Road

City

Overland Park

State

KS

Zip Code

66204-2622

FEC ID number of contributing
federal political committee.

C

Name of Employer
self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 3 / 0 5 / 2 0 0 9

Transaction ID: 0132246

Amount of Each Receipt this Period

500.00

Batch Tool - PAC

B.

Full Name (Last, First, Middle Initial)

Michael Redmond

Mailing Address 8333 N Davis Hwy.

City

Pensacola

State

FL

Zip Code

32514

FEC ID number of contributing
federal political committee.

C

Name of Employer
self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 3 / 0 8 / 2 0 0 9

Transaction ID: 33035372-C245-43EC-

Amount of Each Receipt this Period

500.00

C.

Full Name (Last, First, Middle Initial)

Carolyn Sakaue

Mailing Address Eye Medical Clinic of Fresno Inc
1360 E Herndon Avenue #301

City

Fresno

State

CA

Zip Code

93720-3326

FEC ID number of contributing
federal political committee.

C

Name of Employer
self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 3 / 0 2 / 2 0 0 9

Transaction ID: 7C9SFR352687

Amount of Each Receipt this Period

500.00

Batch Tool - PAC

SUBTOTAL of Receipts This Page (optional)

1500.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 16 / 29

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

A.

Full Name (Last, First, Middle Initial)

Cynthia Self

Mailing Address 50 Meadowbrook Rd

City

Bangor

State

ME

Zip Code

04401

FEC ID number of contributing
federal political committee.

C

Name of Employer
self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 3 / 0 6 / 2 0 0 9

Transaction ID: 81393601-E77E-4619-

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

David Shulman

Mailing Address Suite 127
999 E Basse Road

City

San Antonio

State

TX

Zip Code

78209-1802

FEC ID number of contributing
federal political committee.

C

Name of Employer
self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 3 / 0 8 / 2 0 0 9

Transaction ID: 4314bc5319c0318f8a4a

Amount of Each Receipt this Period

100.00

PACWEB RECURRING CC PAYME-
NT APPROVED AND SETTLED

C.

Full Name (Last, First, Middle Initial)

Sidney Simonian

Mailing Address 3490 Middlebelt Rd

City

Orchard Lake

State

MI

Zip Code

48323

FEC ID number of contributing
federal political committee.

C

Name of Employer
self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 3 / 1 5 / 2 0 0 9

Transaction ID: 31AF0610-6A81-472E-

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

850.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 17 / 29

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

A.

Full Name (Last, First, Middle Initial)

Robert Spurny

Mailing Address 3834 N. Paseo Del Sol

City

Mesa

State

AZ

Zip Code

85207

FEC ID number of contributing
federal political committee.

C

Name of Employer
self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 3 / 1 5 / 2 0 0 9

Transaction ID: 6F61C8AB-EF7D-4518-

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)

Robert Tibolt

Mailing Address 655 Medical Center Dr NE

City

Salem

State

OR

Zip Code

97301

FEC ID number of contributing
federal political committee.

C

Name of Employer
self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 3 / 1 1 / 2 0 0 9

Transaction ID: 2F6F46BC-A73B-4A6C-

Amount of Each Receipt this Period

1000.00

C.

Full Name (Last, First, Middle Initial)

Kevin Treacy

Mailing Address 645 Ridgewood Road

City

Duluth

State

MN

Zip Code

55804-1856

FEC ID number of contributing
federal political committee.

C

Name of Employer
self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 3 / 0 3 / 2 0 0 9

Transaction ID: 3AL306365142

Amount of Each Receipt this Period

500.00

Batch Tool - PAC

SUBTOTAL of Receipts This Page (optional)

2000.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 18 / 29

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

A.

Full Name (Last, First, Middle Initial)

Yujen Wang

Mailing Address Suite 103

2859 State Street

City

Medford

State

OR

Zip Code

97504-8495

FEC ID number of contributing
federal political committee.

C

Name of Employer
self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 3 / 2 3 / 2 0 0 9

Transaction ID: 446284d4239429c6b66a

Amount of Each Receipt this Period

100.00

PACWEB RECURRING CC PAYME-
NT APPROVED AND SETTLED

B.

Full Name (Last, First, Middle Initial)

C. P. Wilkinson

Mailing Address 7707 rider hill rd

City

baltimore

State

MD

Zip Code

21204

FEC ID number of contributing
federal political committee.

C

Name of Employer
self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 3 / 1 8 / 2 0 0 9

Transaction ID: F9BBBC0B-30B2-4F39-

Amount of Each Receipt this Period

500.00

C.

Full Name (Last, First, Middle Initial)

Arnold Yagoda

Mailing Address 67 East 78th Street

City

New York

State

NY

Zip Code

10075-0273

FEC ID number of contributing
federal political committee.

C

Name of Employer
self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 3 / 0 9 / 2 0 0 9

Transaction ID: AFPO91135270

Amount of Each Receipt this Period

250.00

Batch Tool - PAC

SUBTOTAL of Receipts This Page (optional)

850.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 19 / 29

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

A.

Full Name (Last, First, Middle Initial)

Daryl Zelenak

Mailing Address 4309 Brambleridge Lane

City

Midland

State

MI

Zip Code

48640

FEC ID number of contributing
federal political committee.

C

Name of Employer
self

Occupation

Ophthalmologist

Receipt For:

☐
☐
☐

Primary

General

Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	3		0	3		2	0	9	

Transaction ID: 73D0C655-D6F1-498D-

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

500.00

TOTAL This Period (last page this line number only)

16402.91

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 20 / 29

(check only one)

☐ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☒ 17

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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

A.

Full Name (Last, First, Middle Initial)

Bank of America

Mailing Address 101 S Marengo Avenue
3rd Floor

City State Zip Code
Pasadena CA 91101

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2836.13

Date of Receipt

M M / D D / Y Y Y Y
0 3 / 3 1 / 2 0 0 9

Transaction ID: 08ad79a8dd5578e71cb

Amount of Each Receipt this Period

981.06

CD interest - Mar09

SUBTOTAL of Receipts This Page (optional)

981.06

TOTAL This Period (last page this line number only)

981.06

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 21 / 29

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

A. Full Name (Last, First, Middle Initial) AAO Mailing Address 655 Beach St.	Transaction ID: V37790-5180169939994 Date of Disbursement <div> <div>03</div> <div>27</div> <div>2009</div> </div>
City San Francisco State CA Zip Code 94109 Purpose of Disbursement Feiss receipt moved to Admin Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Amount of Each Disbursement this Period <div>365.00</div>
B. Full Name (Last, First, Middle Initial) Wells Fargo Bank N.A. Mailing Address PO Box 63020 City San Francisco State CA Zip Code 94163 Purpose of Disbursement Bank charges 3/09 Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 2fca8fb5a03801d3b04 Date of Disbursement <div> <div>03</div> <div>31</div> <div>2009</div> </div> Amount of Each Disbursement this Period <div>298.73</div>
C. Full Name (Last, First, Middle Initial) Wells Fargo Bank N.A. Mailing Address PO Box 63020 City San Francisco State CA Zip Code 94163 Purpose of Disbursement AMEX discount 3/09 Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: a417c8a469b518cd1ff Date of Disbursement <div> <div>03</div> <div>31</div> <div>2009</div> </div> Amount of Each Disbursement this Period <div>98.89</div>

SUBTOTAL of Disbursements This Page (optional) ►

762.62

TOTAL This Period (last page this line number only) ►

762.62

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 22 / 29

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

A. Full Name (Last, First, Middle Initial) Berkley for Congress	Transaction ID: 37790-7305261492729 Date of Disbursement																				
Mailing Address 3069 Conquista Court	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>3</td><td></td><td>2</td><td>6</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	3		2	6		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	3		2	6		2	0	0	9												
City Las Vegas State NV Zip Code 89121	Amount of Each Disbursement this Period																				
Purpose of Disbursement Contribution	<table border="1"> <tr> <td colspan="10">5000.00</td> </tr> </table>	5000.00																			
5000.00																					
Candidate Name Shelley Berkley	<table border="1"> <tr> <td>011</td> </tr> <tr> <td>Category/ Type</td> </tr> </table>	011	Category/ Type																		
011																					
Category/ Type																					
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NV District: 01 Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																					
B. Full Name (Last, First, Middle Initial) Bilirakis for Congress	Transaction ID: 37790-8077813982963 Date of Disbursement																				
Mailing Address 610 S. Boulevard	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>3</td><td></td><td>2</td><td>7</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	3		2	7		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	3		2	7		2	0	0	9												
City Tampa State FL Zip Code 33606	Amount of Each Disbursement this Period																				
Purpose of Disbursement 2010 Primary	<table border="1"> <tr> <td colspan="10">1000.00</td> </tr> </table>	1000.00																			
1000.00																					
Candidate Name Gus Michael Bilirakis	<table border="1"> <tr> <td>011</td> </tr> <tr> <td>Category/ Type</td> </tr> </table>	011	Category/ Type																		
011																					
Category/ Type																					
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: FL District: 09 Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																					
C. Full Name (Last, First, Middle Initial) Bluegrass Committee	Transaction ID: 37790-2963373064994 Date of Disbursement																				
Mailing Address 400 N Capitol St NW #585 #585	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>3</td><td></td><td>2</td><td>7</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	3		2	7		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	3		2	7		2	0	0	9												
City Washington State DC Zip Code 20001	Amount of Each Disbursement this Period																				
Purpose of Disbursement Contribution 2009 Leadership Committee	<table border="1"> <tr> <td colspan="10">2500.00</td> </tr> </table>	2500.00																			
2500.00																					
Candidate Name	<table border="1"> <tr> <td>011</td> </tr> <tr> <td>Category/ Type</td> </tr> </table>	011	Category/ Type																		
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Category/ Type																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2009 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Contribution																					
SUBTOTAL of Disbursements This Page (optional)	<table border="1"> <tr> <td>8500.00</td> </tr> </table>	8500.00																			
8500.00																					
TOTAL This Period (last page this line number only)	<table border="1"> <tr> <td></td> </tr> </table>																				

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

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☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

A. Full Name (Last, First, Middle Initial) Democratic Congressional Campaign Committee	Transaction ID: 91018-3904229998588 Date of Disbursement
Mailing Address 430 South Capitol Street, SE 2nd Floor	<div> <div>M M / D D / Y Y Y Y</div> <div>0 3 / 1 9 / 2 0 0 9</div> </div>
City Washington State DC Zip Code 20003	Amount of Each Disbursement this Period
Purpose of Disbursement 2009 Contribution Candidate Name	<div>15000.00</div> <div>011 Category/ Type</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2009 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Contribution	
B. Full Name (Last, First, Middle Initial) Democratic Senatorial Campaign Committee	Transaction ID: 91018-6984521746635 Date of Disbursement
Mailing Address 120 Maryland Avenue NE	<div> <div>M M / D D / Y Y Y Y</div> <div>0 3 / 2 0 / 2 0 0 9</div> </div>
City Washington State DC Zip Code 20002	Amount of Each Disbursement this Period
Purpose of Disbursement 2009 Contribution Candidate Name	<div>15000.00</div> <div>011 Category/ Type</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2009 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Contribution	
C. Full Name (Last, First, Middle Initial) Earl Pomeroy for Congress	Transaction ID: 91018-1597711443901 Date of Disbursement
Mailing Address PO Box 9336	<div> <div>M M / D D / Y Y Y Y</div> <div>0 3 / 2 0 / 2 0 0 9</div> </div>
City Fargo State ND Zip Code 58106	Amount of Each Disbursement this Period
Purpose of Disbursement 2010 Primary Candidate Name Earl Pomeroy	<div>2500.00</div> <div>011 Category/ Type</div>
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SUBTOTAL of Disbursements This Page (optional)

32500.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
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Detailed Summary Page

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(check only one)

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☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

A. Full Name (Last, First, Middle Initial) Friends of Chris Dodd Mailing Address PO Box 270701	Transaction ID: 37790-2750818133354 Date of Disbursement <div> <div>03</div> <div>27</div> <div>2009</div> </div>
City West Hartford State CT Zip Code 06127 Purpose of Disbursement Contribution 2010 Primary Candidate Name Christopher J. Dodd Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: CT District:	Amount of Each Disbursement this Period <div>1500.00</div>
B. Full Name (Last, First, Middle Initial) Georgians for Isakson Mailing Address Post Office Box 250116 City Atlanta State GA Zip Code 30325 Purpose of Disbursement Contribution 2010 Primary Candidate Name Johnny Isakson Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: GA District:	Transaction ID: 91018-5260736346244 Date of Disbursement <div> <div>03</div> <div>20</div> <div>2009</div> </div> Amount of Each Disbursement this Period <div>1000.00</div>
C. Full Name (Last, First, Middle Initial) Grassley Committee Inc Mailing Address PO Box 1000 City Des Moines State IA Zip Code 50304 Purpose of Disbursement 2010 Primary Candidate Name Charles E. Grassley Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: IA District:	Transaction ID: 37790-2031061053276 Date of Disbursement <div> <div>03</div> <div>27</div> <div>2009</div> </div> Amount of Each Disbursement this Period <div>2500.00</div>
SUBTOTAL of Disbursements This Page (optional)	<div>5000.00</div>
TOTAL This Period (last page this line number only)	

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

A. Full Name (Last, First, Middle Initial) Hoosiers Supporting Buyer for Congress	Transaction ID: 37790-0259820818901 Date of Disbursement																				
Mailing Address 200 North Main St. PO Box 712 200 North Main St. PO Box 712	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>3</td><td></td><td>2</td><td>7</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	3		2	7		2	0	0	9
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0	3		2	7		2	0	0	9												
City Monticello State IN Zip Code 47960	Amount of Each Disbursement this Period																				
Purpose of Disbursement 2010 Primary Candidate Name Stephen E. Buyer	<table border="1"> <tr> <td colspan="10">1000.00</td> </tr> </table>	1000.00																			
1000.00																					
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B. Full Name (Last, First, Middle Initial) John Shadeggs Friends	Transaction ID: 91018-6544916033744 Date of Disbursement																				
Mailing Address PO Box 45444	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>3</td><td></td><td>1</td><td>9</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	3		1	9		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	3		1	9		2	0	0	9												
City Phoenix State AZ Zip Code 85064	Amount of Each Disbursement this Period																				
Purpose of Disbursement Contribution 2010 Primary Candidate Name John Shadegg	<table border="1"> <tr> <td colspan="10">5000.00</td> </tr> </table>	5000.00																			
5000.00																					
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: AZ District: 03	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
C. Full Name (Last, First, Middle Initial) Kirkpatrick for Arizona	Transaction ID: 37790-4611017107963 Date of Disbursement																				
Mailing Address PO Box 993	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>3</td><td></td><td>2</td><td>7</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	3		2	7		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	3		2	7		2	0	0	9												
City Prescott State AZ Zip Code 86302	Amount of Each Disbursement this Period																				
Purpose of Disbursement 2010 Primary Candidate Name Ann Kirkpatrick	<table border="1"> <tr> <td colspan="10">1000.00</td> </tr> </table>	1000.00																			
1000.00																					
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SUBTOTAL of Disbursements This Page (optional)

7000.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

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(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

A. Full Name (Last, First, Middle Initial) Larson for Congress	Transaction ID: 37790-3175775408744 Date of Disbursement																				
Mailing Address 29 Ruff Circle	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>3</td><td></td><td>2</td><td>7</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	3		2	7		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	3		2	7		2	0	0	9												
City Glastonbury State CT Zip Code 06033	Amount of Each Disbursement this Period																				
Purpose of Disbursement Contribution 2010 Primary	<table border="1"> <tr> <td>2500.00</td> </tr> </table>	2500.00																			
2500.00																					
Candidate Name John B. Larson	<table border="1"> <tr> <td>011</td> </tr> </table> Category/ Type	011																			
011																					
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: CT District: 01																					
B. Full Name (Last, First, Middle Initial) National Republican Congressional Committee	Transaction ID: 91018-1962549090385 Date of Disbursement																				
Mailing Address 320 First Street	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>3</td><td></td><td>2</td><td>0</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	3		2	0		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	3		2	0		2	0	0	9												
City Washington State DC Zip Code 20003	Amount of Each Disbursement this Period																				
Purpose of Disbursement 2009 Contribution	<table border="1"> <tr> <td>15000.00</td> </tr> </table>	15000.00																			
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Candidate Name	<table border="1"> <tr> <td>011</td> </tr> </table> Category/ Type	011																			
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C. Full Name (Last, First, Middle Initial) National Republican Senatorial Committee	Transaction ID: 91018-0123254656791 Date of Disbursement																				
Mailing Address 425 Second Street NE	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>3</td><td></td><td>2</td><td>0</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	3		2	0		2	0	0	9
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City Washington State DC Zip Code 20002	Amount of Each Disbursement this Period																				
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SUBTOTAL of Disbursements This Page (optional)

32500.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

A. Full Name (Last, First, Middle Initial) People for Enterprise Trade and Economic Growth	Transaction ID: 91018-7845575213432 Date of Disbursement																				
Mailing Address 7804 Evening Lane	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>3</td><td></td><td>2</td><td>0</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	3		2	0		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	3		2	0		2	0	0	9												
City Alexandria State VA Zip Code 22306	Amount of Each Disbursement this Period																				
Purpose of Disbursement 2009 Contribution Candidate Name	<table border="1"> <tr> <td colspan="10">5000.00</td> </tr> </table>	5000.00																			
5000.00																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2009 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Contribution	011 Category/ Type																				
B. Full Name (Last, First, Middle Initial) Principles Exalt a Nation Political Action Committee	Transaction ID: 91018-1034051775932 Date of Disbursement																				
Mailing Address PO Box 1131	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>3</td><td></td><td>1</td><td>9</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	3		1	9		2	0	0	9
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0	3		1	9		2	0	0	9												
City Anderson State IN Zip Code 46015	Amount of Each Disbursement this Period																				
Purpose of Disbursement 2009 Contribution Candidate Name	<table border="1"> <tr> <td colspan="10">1500.00</td> </tr> </table>	1500.00																			
1500.00																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2009 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Contribution	011 Category/ Type																				
C. Full Name (Last, First, Middle Initial) Victory in November Election Pac (VINEPAC)	Transaction ID: 91018-2338678240776 Date of Disbursement																				
Mailing Address 607 14th Street NW Suite 800	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>3</td><td></td><td>1</td><td>9</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	3		1	9		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	3		1	9		2	0	0	9												
City Washington State DC Zip Code 20005	Amount of Each Disbursement this Period																				
Purpose of Disbursement 2009 Contribution Candidate Name	<table border="1"> <tr> <td colspan="10">2500.00</td> </tr> </table>	2500.00																			
2500.00																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2009 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Contribution	011 Category/ Type																				
SUBTOTAL of Disbursements This Page (optional)	<table border="1"> <tr> <td colspan="10">9000.00</td> </tr> </table>	9000.00																			
9000.00																					
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SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

A.

Full Name (Last, First, Middle Initial)

Whitfield for Congress Committee

Mailing Address PO Box 391

City
Hopkinsville

State
KY

Zip Code
42241

Purpose of Disbursement
2010 Primary

Candidate Name
Edward Whitfield

Office Sought: ☒ House
☐ Senate
☐ President

State: KY District: 01

Disbursement For: 2010
☒ Primary ☐ General
☐ Other (specify) ▼

011
Category/
Type

Transaction ID: 37790-2536737322807

Date of Disbursement

MM / DD / YYYY
03 / 27 / 2009

Amount of Each Disbursement this Period

1000.00

SUBTOTAL of Disbursements This Page (optional)

1000.00

TOTAL This Period (last page this line number only)

95500.00

Image# 29933581144

Form/Schedule: **F3X**

Transaction ID:
